

**Workshop Session I**  
**Thursday, May 2, 2013**  
**2:45 – 4:15 p.m.**

**A. Indicators of Recovery: Healthy State vs. Healthy Weight**

*Marcia Herrin, PhD, MPH, RD, Herrin Nutrition Services, Lebanon, NH, USA; Rebecca Peebles, MD, The Children's Hospital of Philadelphia, Philadelphia, PA, USA; Mark Warren, MD, MPH, FAED, Cleveland Center for Eating Disorders, Cleveland, OH, USA; C. Alix Timko, PsyD, University of the Sciences, Philadelphia, PA, USA; Gabriele Matthewman, BSc, Parent Activist/Advocate, Godalming, United Kingdom*

Body mass index (BMI) in adults or age- and gender-adjusted BMI percentiles in younger patients are widely used in clinical and research settings. The AED Guide to Medical Management (2012) recommends that physical examinations include determination BMI. While diagnostic uses of BMI are evolving, it is still used as an indicator of medical stability, as justification for recommending higher levels of care, to set target weights, and to track progress. BMI is considered a reliable and easy screening tool though body weight, itself, is difficult to measure accurately and varies normally. Newer paradigms focus on early and full weight restoration in restrictive eating disorders with good long-term outcomes; however, some patients experience psychological distress after weight gain from a low BMI even after menstrual resumption and other physiologic indicators have been achieved. Others at normal BMIs may experience precipitous weight loss or be engaging in eating disordered behaviors. Currently there is little consensus on how or if BMI should be used clinically in the diagnosis and clinical management of EDs; in part this stems from disagreements on the definition of a 'healthy weight.' Little attention has been given to how BMI may be useful in some cases or diagnostic groups, but not in others, and when and how clinicians should consider it a target for treatment. There may also be differences in how weight goals and weight gains are handled in children, adolescents, and adults. In this workshop, presenters with a range of perspectives (medical, psychology, nutrition, parent, levels of care) will discuss the clinical uses and abuses of BMI. Participants will be introduced to the concept of a "Healthy State" which considers weight, other physical measures, cognitive function, and food and exercise behaviors. Participants will be encouraged to share case studies and ask questions related to use of protocols for determining healthy body weight in the ED population.

**Learning Objectives:**

- Describe the key difficulties in the use of BMI weight categories in the management of eating disorders.
- Understand the concept of a "Healthy State."
- Explore the clinical applicability of this knowledge.

**B. New Evidence and Approaches in the Psychological Treatment of Severe and Enduring Anorexia Nervosa**

*Stephen Touyz, PhD, BSc, FAED, University of Sydney, Sydney, Australia; Daniel Le Grange, PhD, FAED, The University of Chicago, Chicago, IL, USA; Hubert Lacey, MD, MPhil, FAED, University of London & Newbridge House, Birmingham, United Kingdom; Phillipa Hay, DPhil, MD, University of Western Sydney, Penrith, Australia*

In up to a fifth of patients with anorexia nervosa (AN) the illness assumes a severe and enduring course. This is associated with reduced quality of life and impoverished and isolated living circumstances. Whilst the evidence base for treatment is severely limited, outcomes without treatment are likely poor with high mortality. Therapeutic nihilism is common, often resulting in limited active care, rejection by specialist services or even 'palliation'. A recent randomised controlled trial (RCT) using modified specialist psychotherapies has demonstrated that such patients respond to therapy with meaningful improvements in social, psychological and physical status. In this trial Cognitive Behaviour Therapy for AN (CBT-AN) was compared to Specialist Supportive Clinical Management (SSCM). Both therapies were highly acceptable to participants with a very low attrition (15%) rate. They aimed to foster a therapeutic relationship that promoted adherence to treatment and did not impose assumptions

about change or argue for weight restoration. Specific modifications made to CBT-AN included increased flexibility in approach and an extension of the motivational enhancement section of the manual. The workshop will (1) present an overview of and the evidence base for psychological approaches in chronic anorexia nervosa, (2) report the outcomes of the RCT, and (3) detail the modifications to the specialist therapies applied in the RCT and describe the process of therapy in the context of case descriptions and addressing the particular challenges in care for these patients.

### **Learning Objectives:**

- Overview and summarize the evidence base for treatment of chronic anorexia nervosa, including results of a recent controlled trial.
- Describe and discuss a manualised specialist psychotherapy, specialist supportive clinical management including its modifications for severe and enduring illness.
- Describe and discuss a modified manualized cognitive behavior therapy for severe and enduring illness.

## **C. Getting your Paper Published in the Eating Disorders Literature when English Is Not Your First Language**

*Anne Becker, MD, PhD, FAED, Harvard Medical School, Boston, MA, USA; Kelly Klump, PhD, FAED, Michigan State University, East Lansing, MI, USA; Howard Steiger, PhD, FAED, McGill University, Verdun, Quebec, Canada; Ruth Striegel, PhD, FAED, Wesleyan University, Middleton, CT, USA; Glenn Waller, PhD, FAED, University of Sheffield, Sheffield, United Kingdom*

Studies about populations outside of Europe, North America, and the Antipodes are underrepresented in the high impact eating disorder journals, and yet our understanding of prevalence, risk factors, prevention, intervention and other aspects of concern to those working in the eating disorders field would benefit from inclusion of findings generated within geographically and culturally diverse study populations. Thus, it is important that eating disorders investigators and clinicians from all regions of the world have opportunities to share their research findings and clinical expertise with the global scientific community. The aim of this workshop is to provide guidelines for authors whose first language is not English about how to write for high impact journals, including the International Journal of Eating Disorders (IJED). The IJED Editor-in-Chief and associate editors will discuss how the editorial and peer review processes at IJED work, what these have in common with other scientific journals that publish eating disorders research, and how authors can optimize presentation of their work so that its relevance and value will be clear to reviewers. The workshop will coach participants on how to draft a strong cover letter to pitch a study's merits, how to draft a succinct and powerful abstract, and some "tricks" that are useful when preparing a manuscript for an English language journal so as to ensure clear and concise communication with editors, reviewers, and readers. Finally, we will discuss how to respond effectively to peer review critiques. There will be small group work as well as a facilitated large group discussion.

### **Learning Objectives:**

- Understand how the editorial and peer review processes work at IJED and at other scientific journals.
- Recognize the elements of a strong cover letter and abstract in order to frame the relevance of the manuscript they are submitting.
- Implement strategies for writing a compelling and diplomatic response to reviewer comments.

## **D. Intensive Treatment Program (ITP) – An Alternative to Inpatient Treatment for Adolescent Anorexia Nervosa**

*Ivan Eisler, PhD, CPsychol, BA, FAED, Kings College London, Institute of Psychiatry, London, United Kingdom; Mima Simic, MD, MRCPsych, MSc, Child and Adolescent Eating Disorders Service South London and Maudsley, London, United Kingdom; Katrina Hunt, DClinPsy, BSc, Child and Adolescent Eating Disorders Service, Maudsley Hospital, London, United Kingdom; Jonathan Espie, DClinPsy, BSc, Child and Adolescent Eating Disorders Service, Maudsley Hospital, London, United Kingdom*

ITP is an intensive day programme provided over 9 weeks, for severely ill young people with anorexia nervosa or restricting EDNOS. The programme was developed at the Maudsley Child and Adolescent ED Service for young people who were not responding to initial family oriented outpatient treatment, and would otherwise require inpatient treatment and aims to enable patients and families to move back into standard out patient treatment and continue to safely progress towards recovery once they are discharged from ITP. Treatment consists of targeted group therapy modules using Cognitive Behaviour Therapy, Dialectical Behaviour Therapy, Cognitive Remediation Therapy and supported meals as well as Multi Family Therapy based groups and parental skills work. The programme is designed to tackle the potential neurobiological and interpersonal maintaining mechanisms associated with anorexia nervosa and restrictive EDNOS. Using an interactive style, the workshop will present the aims, and an overview of the contents, of the range of therapeutic groups used within the ITP, including CBT, DBT, CRT and multi-family based groups and parental skills work. The workshop facilitators will demonstrate an experiential taste of

the process of therapeutic group delivery for adolescents. In addition the workshop will present feedback on the patient satisfaction focus groups and quantitative data from a cohort of 60 young people from the first 2 years of the programme showing it was a successful alternative to inpatient care for the majority of the patients referred, with high levels of satisfaction reported both by the young people and their families.

**Learning Objectives:**

- To define the subgroup of adolescents with anorexia nervosa who might benefit from taking part in the Intensive Treatment Programme before continuing with standard outpatient treatment.
- To explore the theoretical principles underlying the different treatment components of ITP and their application to different therapeutic groups.
- To describe the initial qualitative and quantitative findings from a consecutive cohort of 60 young people with anorexia nervosa or restrictive EDNOS taking part in ITP.

**E. Fantastic Voyage II - Heart, Hormones and Hepatic Dysfunction: Further Explorations into the Medical Complications of Eating Disorders**

*Rachel Levine, MD, FAED, Penn State Hershey Medical Center, Hershey, PA, USA; Neville Golden, MD, FAED Stanford University School of Medicine, Lucile Packard Children's Hosp, Palo Alto, CA, USA; Ovidio Bermudez, MD, FAED, Eating Recovery Center, LLC, Denver, CO, USA*

Eating Disorders cause a complex array of medical complications that affect every organ of the body. Three organ systems that are uniquely affected are the heart, the endocrine system and the gastrointestinal tract. The purpose of this workshop is to explore the medical complications of anorexia nervosa, bulimia nervosa and related eating disorders on those organ systems. Cardiac complications are some of the most serious for patients with eating disorders. They include arrhythmias, such as bradycardia and prolonged QTc, hypotension, orthostasis, and pericardial effusions. Abnormalities in heart rate variability are a new finding in patients with anorexia nervosa and the significance of all of these concerns will be explored. Anorexia nervosa also has been shown to have a significant and perhaps irreversible impact on the endocrine system. Last year we discussed bones and increased fracture risk. Chronic malnutrition associated with anorexia nervosa can cause a cascade of endocrine changes on growth, temperature regulation, thyroid function and the reproductive system for females and males. We will discuss these complications and how to use resumption of menses to determine an individualized treatment goal weight range in girls. Finally both anorexia nervosa and bulimia nervosa have a significant impact on the gastrointestinal tract. Last year, we discussed that anorexia can cause a general slowing of gastrointestinal emptying and the purging associated with bulimia nervosa can cause significant gastrointestinal complications. This year we intend to review this information and also concentrate on other abnormalities such as inflammation and apoptosis of liver, with abnormal blood glucose levels and abnormal clotting. These will be explored in detail as well as treatment options. The workshop will include didactic material as well as case examples from the presenters with questions and case discussion from the audience.

**Learning Objectives:**

- Outline the cardiac complications of anorexia nervosa and bulimia nervosa and discuss evaluation and treatment options.
- Review the endocrine complications of anorexia and bulimia and discuss evaluation and treatment options.
- Relate the hepatic and gastrointestinal complications of anorexia and bulimia nervosa and discuss evaluation and treatment options.

**Workshop Session II**  
**Thursday, May 2, 2013**  
**4:45 – 6:15 p.m.**

**A. Bridging the Research-Practice Gap: Evaluating Your Patients' Progress and Your Treatment Outcomes**

*Anthea Fursland, PhD, FAED, Centre for Clinical Interventions, Perth, Australia; Susan Byrne, PhD, DPhil, University of Western Australia, Perth, Australia*

Most clinicians aim to conduct high quality therapy with their patients and are convinced that their therapy is effective. As a result, they tend to continue offering the interventions they believe work best. But are clinicians really good judges of how well their interventions are working? And are clinicians able to tell whether their interventions are working better for some patients than for others? Not all clinicians work in settings with opportunities for data collection and the establishment of a large

database. Nevertheless, we believe that good clinical practice involves being curious about one's therapeutic successes and failures, and that it is incumbent upon responsible clinicians to gather objective evidence for the effectiveness of their interventions. This workshop will present a rationale for conducting research (with a small "r") in everyday clinical practice, and provide some suggestions regarding how to do this. There are several questionnaires in the public domain that can be used by clinicians to rate the progress of their patients during treatment to assess change over time. Individual clinicians can quickly build up a body of 'evidence' for their own work and examine their treatment methods in terms of effectiveness with particular presentations (e.g., low weight patients). The first presenter was a clinical psychologist for 25 years before being converted to the idea of measurement in clinical practice. The second presenter is an academic and a clinician. They are co-authors of a recently published study which examined the effectiveness of a treatment (CBT-E) offered in an everyday clinical practice.

### **Learning Objectives:**

- Identify the value of measuring patients' progress in treatment.
- Demonstrate the usefulness of both standardized measures and observational data.
- Describe three psychometric measures that can be used in everyday practice.

## **B. Canadian Prevention Knowledge Exchange Group: Linking Eating Disorder and Obesity Prevention Through Research, Practice and Policy**

*Gail McVey, PhD, CPsychol, Hospital for Sick Children/ The University of Toronto, Toronto, Ontario, Canada; Fannie Dagenais, MSc, RD, Equilibre, Montreal, Quebec, Canada; Kathryn S Walker, PhD, The Hospital for Sick Children, Toronto, Ontario, Canada; Connie Coniglio, PhD, BC Mental Health and Addiction Services, Vancouver, BC, Canada; Joanne Beyers, MA, RD, Sudbury & District Health Unit, Sudbury, Ontario, Canada; Shelly Russell-Mayhew, PhD, University of Calgary, Calgary, Alberta, Canada; Sari Simkins, MSc, RD, Health Promotion and Food/Nutrition Specialist, Toronto, Ontario, Canada*

Prevention science experts are seeking ways to integrate multiple prevention programs since risk/protective factors overlap. Currently, sectors operate in silos which narrows the focus of topics and research to the prevention of one health issue. In addition to duplication of resources, there are current examples of prevention fields where the messaging may be contradictory, with an obvious potential for mass confusion for the general population. One such example is the messaging around healthy eating, active living and healthy weights. Dialogue among policy makers, researchers and practitioners from across Canada from the prevention fields of obesity and eating disorders has been jumpstarted through the formation of a Canadian Prevention Knowledge Exchange Group led by Dr. McVey at Toronto's Hospital for Sick Children. Consensus on guiding principles for an integrated, ecological approach to weight-related prevention has been reached; one which is built on fostering resiliency. The following workshop provides an overview of this Canadian Prevention Knowledge Exchange Group, and describes current research, practice and policy work that is underway across Canada. Specifically, findings from an inter-disciplinary professional development program of research on weight bias awareness and mental health promotion carried out with public health practitioners in Ontario will be presented. Interventions designed to transform social norms concerning weight and body image led by ÉquiLibre, a non-profit organization in Québec, will also be presented. These actions are aligned with the Quebec Charter for a Healthy and Diverse Body Image, an innovative initiative supported by the Secrétariat à la condition féminine du Québec and several ministries including the Ministère de la Santé et des Services sociaux du Québec. Finally, a system-wide, integrated prevention approach being carried out across community, school and family settings in British Columbia will be described.

### **Learning Objectives:**

- Assess the link between weight bias and mental health outcomes, and the importance of incorporating weight bias awareness and mental health promotion into professional practice training for the prevention of weight-related disorders.
- Describe the multiple levels of intervention required to change social norms related to weight and shape preoccupation and body image.
- Describe the risk and protective factors that are common to both eating disorders and obesity, and the benefits of an integrated social ecological model of prevention.

## **C. Evaluation and Management of Eating Disorders in Patients with Type 1 and 2 Diabetes**

*Marcelo Papelbaum, PhD, MSc, MD, FAED, State Institute of Diabetes and Endocrinology of Rio de Janeiro, Rio de Janeiro, Brazil; Ovidio Bermudez, MD, FAED, Eating Recovery Center, Denver, CO, USA*

The purpose of the workshop is to discuss the main features regarding the comorbidity of eating disorders (ED) and diabetes mellitus (DM), emphasizing the clinical particularities of eating psychopathology in diabetes patients and treatment differences compared to non-diabetes subjects. The first part of the workshop will update attendees the basic physiopathology and clinical characteristics of type 1 and type 2 DM, including the most recent literature regarding diagnosis and adequate metabolic control. Then, the authors will review the possible explanations of the association between ED and diabetes. In the case of type 1 diabetes,

the misuse of insulin to prevent weight gain, the similar age of onset of anorexia and bulimia nervosa and the risk of increased body concern in vulnerable type 1 diabetes females will be discussed. In addition, data showing the predominance of overweight and binge eating psychopathology in patients with type 2 diabetes will be presented. The second part of the presentation will discuss the impact of abnormal eating or insulin manipulation behaviors have on diabetic metabolic control and associated clinical complications. Attendees will be exposed to how to assess eating psychopathology in patients with DM, and how to investigate specific behaviors such as fear of insulin use. Then, the authors will discuss with the audience the practical strategies and principles of ED treatment in individuals with type 1 and type 2 diabetes. Results from recently studied non-pharmacological and pharmacological interventions will be presented, and, the differences for ED treatment of non-diabetic subjects will be emphasized. For instance, the importance of including diabetes education in cognitive-behavior therapy approaches for anorexia and bulimia and the cautious use of medications that might negatively influence glycemic control in ED patients with DM. Finally, two clinical cases will be discussed, creating opportunity for audience interaction.

### **Learning Objectives:**

- Understand the physiopathology of the comorbidity between diabetes and eating disorders.
- Assess eating psychopathology in diabetic patients.
- Address the main treatment goals in clinical interventions with individuals with the co-morbidity of eating disorder and diabetes mellitus.

## **D. Clinical Dilemmas in Treating Eating Disorder Patients with a History of Trauma**

*David Tobin, PhD, FAED, Tufts University Medical School, Springfield, MA, USA; Charles Portney, MD, FAED, UCLA, Santa Monica, CA, USA*

Eating disorder patients with a history of trauma can present a number of complications to the clinician. These include severe eating symptoms, concomitant anxiety and depression, PTSD, and dissociation. The clinician faces a number of challenges with such patients, including problems establishing a therapeutic alliance, self-destructive behaviors, re-enactment of traumatic behaviors both in and out of sessions, counter-transference phenomena, and dissociation during and outside sessions. The treatment of PTSD and dissociative processes are often critical to addressing eating disorder symptoms, as they are often part of a patient's coping efforts. Fortunately, PTSD and trauma related disorders can be effectively treated. This workshop will present cognitive-behavioral and alternative treatment approaches for patients with eating disorders and trauma history, both for patients who have circumscribed traumatic events and simple PTSD (e.g. a single adult episode of trauma), as well as more complicated treatments for patients with extensive histories of trauma and have more complicated symptoms, including dissociative disorders (e.g., patients with extensive childhood trauma and adult repetitions). The workshop will address the use of integrative approaches to understanding and treating these more complicated disorders, including the need for setting limits, conceptualization of acting out and acting in behavior, frequency and length of treatment, and countertransference issues. The workshop will address clinically flexible and practical responses to the problems of these patients, including their safety. Clinical examples will be used to illustrate the clinical problems and treatment approaches with these patients.

### **Learning Objectives:**

- Participants will be able to conceptualize the role that eating disorder symptoms can play in patients with history of trauma.
- Participants will be able to conceptualize treatment of eating disorders in patients with histories of trauma.
- Participants will understand how to facilitate the therapeutic alliance with eating disorders patients who have histories of trauma.

## **E. The Good, the Bad and the Ugly: Developing Successful Mentor-Mentee Relationships**

*Cynthia Bulik, PhD, FAED, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA; Cristin Runfola, PhD, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA*

Success in academe is largely dependent on the ability to develop effective mentoring relationships. This workshop is for mentors and mentees, by a mentor and a mentee. Drs. Bulik and Runfola will present a rich experiential workshop that will assist you with navigating the increasingly important waters of the mentorship relationship. Taking a developmental perspective (because, like parenting, mentoring has to evolve as trainees mature), first they will contextualize mentorship and help you to do your own mentorship archaeology to paint a portrait of who the formative mentors (both good and bad) were in your life. Then they will discuss the process of selecting good mentors and mentees. Next, they will outline the basic framework for a mentorship relationship including the skills, roles, responsibilities, and tools of an effective mentor and mentee. The workshop will also address the boundaries of mentorship and how to recognize and respond when you are approaching an uncomfortable edge. Warning signs of a poor fit or a deteriorating relationship will be addressed. Like any relationship, a successful mentorship team requires constant evolution and negotiation. Bulik and Runfola will illustrate strategies they have developed to optimize their

work together and will present vivid, sometimes humorous examples of formative experiences in the development of their mentorship relationship. Participants will practice effective problem solving via role playing and small group discussion so they are better equipped to navigate challenging mentoring situations. Finally, Bulik and Runfola will discuss the long-term personal and professional benefits of an effective mentorship relationship.

### **Learning Objectives:**

- Discuss the importance of mentoring trainees at various career stages and articulate a personal mentoring philosophy.
- Distinguish between effective and ineffective mentoring, including the basic skills, roles, responsibilities, and tools of an effective mentor and mentee.
- Demonstrate effective problem solving and navigation of challenging mentoring situations to enhance the long-term personal and professional benefits of mentoring relationships.

## **Workshop Session III**

**Friday, May 3, 2013**

**11:30 a.m. – 1:00 p.m.**

### **A. What's Eating College Students? Findings from a New Eating and Body Image Study on University Campuses**

*Sarah Ketchen Lipson, MEd, University of Michigan, Ann Arbor, MI, USA; Judith Banker, MA, FAED, Center for Eating Disorders, Ann Arbor, MI, USA; Suzanne Dooley-Hash, MD, University of Michigan, Ann Arbor, MI, USA; Andrea Lawson, LCSW-C, University of Michigan, Ann Arbor, MI, USA; Kellie Carbone, MA, University of Michigan, Ann Arbor, MI, USA*

Much of our current knowledge about eating disorders and body image concerns in college student populations is drawn from findings captured through the use of screening tools originally designed for clinical and community-based samples, thus leaving potential gaps in our understanding of ED risk factors on college campuses. This workshop introduces U-SHAPE (University Study of Habits, Attitudes and Perceptions around Eating), a new large-scale, mixed-method project designed by an interdisciplinary collaborative of campus and community experts in eating disorders, public health, higher education, psychology/social work and medicine to identify and address the eating disorder risk factors unique to a university environment. Initially implemented by the University of Michigan and Michigan State University, U-SHAPE has application potential for a variety of higher education settings world-wide. The presentation will begin with a review of the literature on college campus ED assessments and risk factors including a discussion of existing research-practice gaps in this area (Banker). An overview of U-SHAPE will be provided including a description of the survey instrument design and a discussion of preliminary findings (Lipson) followed by a discussion of the implications of U-SHAPE findings for campus-based intervention and prevention programs (Lawson & Carbone). In the second half of the workshop participants will be led in a guided, interactive exercise focusing on identifying efforts currently taking place on college campuses to reduce ED risk factors and an exploration of collaborative opportunities for adapting and/or transferring U-SHAPE to other campuses (Dooley-Hash).

### **Learning Objectives:**

- Discuss key findings in the current literature regarding ED risk factors and ED prevention in the college student population, and key gaps in our knowledge in these areas.
- Outline key findings of the U-SHAPE project that address current gaps in the literature on ED risk factors for the college population and discuss the implication of these findings for reducing ED risk factors on college/university campuses.
- Discuss findings of U-SHAPE that are relevant and applicable to their own community/college settings, and describe at least two actions steps they can implement to upscale ED prevention and education efforts for college students in their communities.

### **B. How Researchers and Clinicians Can Develop Mutually Productive Partnerships: Lessons from Two Successful Teams**

*Allison Kelly, PhD, University of Waterloo, Waterloo, Ontario, Canada; Wayne Bowers, PhD, FAED, University of Iowa, Iowa City, IA, USA; Carolyn Becker, PhD, FAED, Trinity University, San Antonio, TX, USA; Marisol Perez, PhD, Texas A&M University, College Station, TX, USA; Kay Watt, MA, Eating Disorder Center at San Antonio, San Antonio, TX, USA; Susan Mengden, PhD, Eating Disorder Center at San Antonio, San Antonio, TX, USA; Timothy Brewerton, MD, FAED, Medical University of South Carolina, Charleston, SC, USA; Carolyn Costin, MA, MEd, FAED, Monte Nido & Affiliates, Malibu, CA, USA*

Researchers and practitioners often work independently from one another, and have difficulty relating to each other's ways of acquiring, valuing, and interpreting information. Moderated by members of the AED Research-Practice Committee, this

workshop will highlight the ways in which eating disorder researchers and practitioners can engage in, and negotiate the challenges of, mutually rewarding partnerships. Two teams will share their partnership experiences and discuss: 1) how and why they formed their partnerships; 2) the new perspectives they have acquired since partaking in these partnerships; 3) the concrete changes to clinical practice and research they have made as a result of their partnerships; and 4) the contributions their partnerships have made to the field of eating disorders. The first team will describe the process of integrating data collection into an intensive DBT-based outpatient / day treatment program. They will describe how they have dealt with a range of challenges including carrying out research without operating funds or an on-site researcher, knowing when to administer 'post' questionnaires in stepped care programs, and sacrificing paid time to devote to their partnership activities. The second team will delineate how each member contributed to the analysis and publication of an outcome study using data collected over ten years by the clinicians of a residential treatment centre. They will describe the ways in which they learned each other's language, organized the data available, and overcame numerous challenges, to produce two highly influential peer-reviewed articles. Research-Practice committee members will invite and facilitate audience questions. Workshop participants will come away with skills to develop their own researcher-practitioner partnerships, insights into the professional and epistemological benefits of forging such partnerships, and strategies for anticipating and overcoming the challenges these partnerships present.

### **Learning Objectives:**

- Assess the benefits of a researcher-practitioner partnership.
- Create strategies for developing their own researcher-practitioner partnerships.
- Anticipate the challenges researcher-practitioner partnerships present in a variety of settings.

## **C. A Family Protocol to Support the Successful Transition of Adolescents with Severe Anorexia Nervosa from Inpatient to Outpatient Care**

*Jocelyn Lebow, PhD, Mayo Clinic, Rochester, MN, USA; Leslie Sim, PhD, LP, Mayo Clinic, Rochester, MN, USA; Kristi Luenzmann, MA, LP, Mayo Clinic, Rochester, MN, USA; Kristin Francis, MD, Mayo Clinic, Rochester, MN, USA; Lloyd Wells, MD, PhD, Mayo Clinic, Rochester, MN, USA*

Inpatient treatment is often the modality of choice for severe adolescent anorexia nervosa. Despite the fact that patients typically make large gains during hospitalization, research finds an estimated 40% will be readmitted. This grim statistic suggests that traditional models do not provide adequate scaffolding for patients to continue to make gains during the transition from inpatient to outpatient care. Robust data support family modalities for outpatient-only care. As such, it is reasonable to assume a successful program would also incorporate the family to facilitate the shift from inpatient treatment. At Mayo Clinic, a family protocol has been developed for transitioning teen inpatients to outpatient care. The protocol includes systems designed to reduce familial burden and conflict, while emphasizing parental empowerment in maintaining gains made in inpatient treatment. Aside from follow-up visits with a psychologist, under this method outpatient visits to alternate specialties (e.g. nutrition counseling), partial hospitalization or other intensive outpatient treatments are unnecessary. Preliminary outcome data will be presented for a sample of 50 teens. After an average of 26.7 days of hospitalization and 11.2 outpatient sessions, patients were significantly improved on primary measures of weight and menstrual status (According to Morgan Russell outcome criteria, 70% = good outcome, 30% = intermediate outcome). Less than 15% of patients were rehospitalized. In addition to sharing these findings, this workshop will describe a case series of 5 examples of atypical or severe patients (e.g. patients with chronic anorexia, college-aged patients, comorbid pain, medical or personality disorders, overtaxed family systems) effectively treated using this protocol. Finally, this workshop will provide specific principals and systems used to treat these patients, offering both a general framework to apply the method and common scenarios in which it is best applied.

### **Learning Objectives:**

- Describe a family-based protocol for transitioning adolescents with severe anorexia from inpatient to outpatient care.
- Identify cases of severe or atypical anorexia that are appropriate candidates for this family protocol.
- Discuss preliminary outcome data for adolescents with severe anorexia who have completed this family protocol.

## **D. "What is ARFID" and Other Questions for the 21st-Century Eating Disorder Specialist**

*Evelyn Attia, MD, FAED, NYS Psychiatric Institute/Columbia University, New York, NY, USA; Anne Becker, MD, PhD, FAED, Harvard Medical School, Boston, MA, USA; Rachel Bryant-Waugh, DPhil, FAED, Great Ormond Street Hospital for Children, London, United Kingdom; Deborah Glasofer, PhD, Columbia University Medical Center, New York, NY, USA; Richard Kreipe, MD, FAED, University of Rochester, Rochester, NY, USA*

Scheduled for publication in May 2013, DSM-5 will include modifications to some of the diagnostic criteria for Anorexia Nervosa, Bulimia Nervosa and Binge Eating Disorder and will add Avoidant-Restrictive Food Intake disorder (ARFID), Rumination Disorder and Pica to the category of Feeding and Eating Disorders. Eating disorder specialists will need to consider these changes when evaluating patients with disturbances in eating behavior, attitudes and weight. This workshop will use case-based material to introduce some of the changed diagnostic criteria included in DSM-5. Specifically, the workshop will include case presentations that illustrate ARFID and Rumination Disorder. Since evidence-based treatments are limited or lacking for

the changed diagnostic categories, panelists will discuss therapeutic management for patients diagnosed with DSM-5 Feeding and Eating Disorders.

**Learning Objectives:**

- Identify DSM-5 Feeding and Eating Disorder diagnoses.
- Identify the clinical characteristics of Avoidant-Restrictive Food Intake Disorder (ARFID).
- Identify treatment strategies that may be useful for individuals meeting criteria for DSM-5 Feeding and Eating Disorders.

**E. The Current Status of Enhanced Cognitive Behavior Therapy (CBT-E): A Critical Appraisal**

*Christopher Fairburn, MD, FAED, University of Oxford, Oxford, United Kingdom; James Mitchell, MD, FAED, Neuropsychiatric Research Institute, Fargo, ND, USA*

In 2003 an 'enhanced' form of cognitive behavior therapy (CBT-E) was described that was designed to be suitable for all forms of eating disorder. Over the intervening ten years it has been the focus of much research. Studies have taken place in Europe, the United States and Australia, and they have included patients with bulimia nervosa, anorexia nervosa and ED-NOS. Simultaneously, clinical services have adopted CBT-E as their main form of treatment. This workshop will provide an up-to-date appraisal of the status of CBT-E. Dr Fairburn will first outline the nature of CBT-E. He will then review the findings of the research to date. Finally, he will describe the attempts to implement CBT-E in real-world clinical settings. Dr Mitchell, a leading authority on the treatment of eating disorders, will serve as an independent, critical discussant. This workshop will be relevant to all those who treat patients with eating disorders as well as those who organize clinical services.

**Learning Objectives:**

- Specify the main characteristics of CBT-E.
- Evaluate the findings of the research on CBT-E.
- Judge the clinical utility of CBT-E.

**Workshop Session IV**  
**Friday, May 3, 2013**  
**2:30 – 4:00 p.m.**

**A. Working with the U.S. Military to Prevent Eating Disorders and Obesity in Adolescent Dependents**

*Kelly Theim, PhD, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; L. Adelyn Cohen, BA, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Tracy Sbrocco, PhD, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Edny Joseph, BA, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Dean Seehusen, MD, Fort Belvoir Community Hospital, Fort Belvoir, VA, USA; Mark Stephens, MD, Uniformed Services University of the Health Sciences, Bethesda, MD, USA; Marian Tanofsky-Kraff, PhD, FAED, Uniformed Services University of the Health Sciences, Bethesda, MD, USA*

Data suggest that the prevalence of disordered eating among military members and their families may exceed that of the general population. Specifically, disordered eating, including loss of control (LOC) eating, is prevalent among adolescent daughters of military personnel. These data are of serious concern, as LOC eating predisposes youth to the development of partial and full-syndrome binge eating disorder, excessive weight and fat gain, and associated health problems. The coordinated prevention of both disordered eating and obesity, including identifying potentially modifiable risk factors for both conditions, is particularly important for high-risk youth who are still growing and who may have yet to develop more severe problems. Interventions aimed at reducing LOC eating may help to prevent unhealthy weight gain and further eating disturbance in vulnerable pediatric groups, including military dependents. In this workshop we will discuss the adaptation of an intervention for disordered eating and obesity (Interpersonal Psychotherapy for the Prevention of Weight Gain, IPT-WG) for a military population through an interdisciplinary collaboration among eating disorder and obesity researchers and primary care providers within both the academic and military settings. IPT-WG is a group program targeting difficult social functioning and stressful events that are associated with LOC. Children in military families have faced unique stressors regarding parental deployments over the past decade. Therefore, programs addressing interpersonal stress and promoting positive social functioning (thus helping to ameliorate youth's emotional eating and other aberrant eating behaviors) are particularly relevant to adolescent daughters of military personnel. We will also review the strengths and challenges of conducting research with military populations. Attendees will learn about strategies for adapting and delivering interventions for use in military communities.

### **Learning Objectives:**

- Apply strategies for adapting interventions for use in a military setting.
- Identify advantages of using interpersonal psychotherapy for the prevention of excessive weight gain in adolescent military dependents.
- Describe the strengths and challenges of conducting research with military populations.

## **B. Getting to the Heart of the Matter: How Clinicians' Own Emotions Can Help or Hinder Cognitive-Behavior Therapy for Eating Disorders and How We Can Use That Understanding to Improve the Treatment That We Deliver to the Patient**

*Glenn Waller, DPhil, FAED, University of Sheffield, Sheffield, United Kingdom; Victoria Mountford, DClinPsy, BA, Institute of Psychiatry, King's College London, London, United Kingdom*

Cognitive-behaviour therapy (CBT) has an impact on the eating disorders that is as good as or better than other approaches. However, it has often been accused of neglecting the emotional element of the eating disorders. While that is clearly not true, there have been developments in CBT that highlight understanding of and working with patients' emotions. However, that is not the whole story of emotions in the treatment of the eating disorders. This workshop will address a complementary issue – the impact of the therapist's own emotions on the process and outcome of treatment. This is an issue that is discussed widely in some other therapies, but which needs more overt consideration in CBT in order to enhance its effectiveness. The workshop will outline how the emotional states that need to be considered can be divided into: the intraindividual (e.g., the clinician's own trait level of depression or pride); those that arise from the interpersonal relationships with the patient and carers (e.g., the clinician's anxiety about distressing the patient); and those that manifest in the interpersonal interaction with the rest of the team working with the patient (e.g., shame at being judged to be a poor clinician by colleagues). Case material will be used to demonstrate how those emotions can result in very negative clinical outcomes. Rather than treating such clinician emotions as something to be labeled or bypassed, this workshop will focus on the function of those emotions, and the ways that clinicians and clinical teams can use awareness of their emotions to improve their engagement with the patient and enhance clinical outcomes when delivering CBT for the eating disorders.

### **Learning Objectives:**

- Identify common ways in which clinicians' emotions can interfere with delivering CBT.
- Understand the function of those clinician emotions.
- Learn how clinicians can respond to their emotions in a way that facilitates their understanding of patients, aiding effective treatment.

## **C. Conducting Population-Based Research on Eating and Weight-Related Problems in Adolescents: What We've Learned from Project EAT**

*Dianne Neumark-Sztainer, PhD, MPH, FAED, University of Minnesota, Minneapolis, MN, USA*

This workshop will provide an overview of Project EAT (Eating and Activity in Adolescents and Young Adults), a large population-based study with various components. This study has led to approximately 200 scientific papers in peer-reviewed journals and has provided data for professionals, parents, and youth concerned about eating and weight-related problems and striving to work toward their prevention. Details will be provided on how the study began, the different study components, study design, how the research team has functioned, and how the data are being used to make an impact within the fields of eating disorder and obesity prevention. Active discussion from participants will be encouraged in order to share secrets of success from various research studies. This workshop will be of value to those interested in getting their own research studies going and to more seasoned researchers.

### **Learning Objectives:**

- To learn more about Project EAT and how the study has developed and functioned over the past decade.
- To provide a forum for sharing ideas about research studies to enhance our work.
- To learn how to take utilize data from epidemiological studies to have an impact on the field of eating disorders.

## **D. Facebook, Twitter and LinkedIn, Oh My! Safe and Ethical Social Media Use in Eating Disorder Clinical Practice and Research**

*Stephanie Zerwas, PhD, FAED, UNC Chapel Hill Department of Psychiatry, Chapel Hill, NC, USA; Terry Fassihi, PhD, Houston Eating Disorders Center, LLC, Houston, TX, USA; Lauren Muhlheim, PhD, Private Practice, Los Angeles, CA, USA;*

What do you do if a patient tries to “friend” you on Facebook? Are your clients reviewing your psychotherapy services online without your knowledge? As principal investigator on a research study, can you ethically recruit study participants via Twitter? What does “RT” mean? What pops up if a patient “Googles” you? The advent of Web 2.0 has brought a dizzying array of opportunities to post user-generated content through social media sites. Almost a billion people maintain a Facebook page and, on average, people connect to the Internet more than an hour daily. Social media platforms make it easy to market clinical services and research studies, stay up to date on new findings, and campaign for social change. However, all too often, our younger and tech-savvier patients and research participants know a lot more than we do about these sites’ capabilities. In a workshop sponsored by the AED Social Media Committee, we will guide you through the jungle of social media platforms. We will emphasize safe and ethical use for practitioners and investigators alike including safeguards for preserving patient and participant privacy and the integrity of your online presence. A combination of short didactic presentations and interactive case studies will guide you on how to create an online platform for your private practice; respond to unanticipated patient contact; promote your research findings or books; connect with existing social media networks; recruit and retain research study participants; create a social media policy; and manage your online identity. We will provide you with the concrete advice you need in order to be confident in your professional online adventures. Wireless access permitting, we will make this an interactive workshop—please bring your laptop, tablet or smartphone!

### **Learning Objectives:**

- Describe the available social media platforms where clinicians, researchers, patients, and research participants can interact online and recognize the risks and benefits of each platform.
- Understand the practices and policies necessary to maintain patient and research participant confidentiality when using social media.
- Feel comfortable using a social media platform for professional purposes.

## **E. Engaging the Whole Team to Treat the Whole Patient: Bridging Across Boundaries to Establish a Model of Effective Interdisciplinary Treatment Team Functioning and Planning**

*Mary Tantillo, PhD, RN, FAED, University of Rochester School of Nursing, Rochester, NY, USA; Richard Kreipe, MD, BA, FAED, University of Rochester, Rochester, NY, USA; Cindy Bitter, BS, University of Rochester, Rochester, NY, USA*

An accurate and comprehensive biopsychosocial understanding of a patient with an eating disorder (ED) and her/his family is best realized in the context of true interdisciplinary team functioning and planning. Mature interdisciplinary treatment teams identify common questions and concerns across disciplines and also withstand the tension involved with varied points of view, soliciting and building upon different team member perspectives. According to Relational-Cultural Theory (Miller & Stiver, 1997; Tantillo & Kreipe, 2011), mature interdisciplinary teams operate in a way characterized as “differentiation within connection.” This way of being in relationship with one another is reflective of the growth-fostering, mutual connections the team is promoting among patients and families. These relationships are based on an openness to difference, the ability to identify points of tension and disconnection, and the ability to engage in relational repair when disconnections occur. This workshop will present a relational-motivational model for interdisciplinary team member functioning and case review used for the past seven years in the Western NY Comprehensive Care Center for Eating Disorders. This model helps identify intra- and interpersonal points of tension and disconnection experienced by patients and family members due to the ED and how these disconnections may translate into disconnections experienced within and/or among members on the treatment team. The workshop will demonstrate the use of the model in the context of a case involving a severely, chronically ill individual treated in the WNYCCED across many clinical settings and by a team involving many disciplines including a board certified life coach (and peer) who provides transitional services in the community. The workshop includes didactic instruction, small group work, and videotaped vignettes demonstrating effective and ineffective interdisciplinary treatment team functioning and planning.

### **Learning Objectives:**

- Identify two intra- and inter-personal disconnections experienced by patients and families that are created by the eating disorder.
- Identify two intra- and inter-personal disconnections experienced by treatment team members that parallel those experienced by patients and families as a result of the eating disorder.
- Apply the principles of a relational-motivational model to employ strategies that provide mutual support and connection with other team member following disconnections across professional disciplines.

**Workshop Session V**  
**Saturday, May 4, 2013**  
**4:00 – 5:30 p.m.**

## **A.Hands-On Tactics for Dealing with Insurance Problems**

*David Christian, PhD, Avalon Hills Residential Eating Disorders Treatment Center, Logan, UT, USA; Stacey Brown, RN, Avalon Hills Residential Eating Disorders Treatment Program, Logan, UT, USA; Lisa Kantor, JD, Partner, Kantor and Kantor, Northridge, CA, USA*

Most eating disorder treatment is covered by insurance. This requires that healthcare providers in many disciplines (e.g., M.D.'s, psychologists, nurses, dieticians, etc.) effectively interact with insurance companies in order to authorize the healthcare benefits their patients require. Unfortunately, few healthcare providers are trained to do this. This workshop offers participants direct training in this area and provides an opportunity to problem solve using their toughest insurance-related problems. When providers fail to authorize treatment, they suffer significant financial consequences and their patients fail to obtain the critical treatment to which they are entitled. Insurance authorization usually fails due to: 1- the provider's inadequate understanding of how utilization review (UR) works, 2- lack of collaboration between the clinician and the patient, 3- inadequate clinical documentation, 4- failure to understand and prepare for litigation when necessary. Failed authorization can result in unnecessary patient morbidity and mortality, exposing providers to legal and ethical issues. This workshop will guide providers in how to best obtain and sustain insurance authorization for patient care. The most common authorization problems will be identified and solutions will be provided. The three presenters will offer perspectives from 1) A director of utilization review, 2) A clinician working in both outpatient and residential settings, and 3) an attorney specializing in insurance issues relating to eating disorder treatment. Examples from residential eating disorder treatment and outpatient treatment will be offered. Examples drawn from participants' cases will be used to illustrate key points.

### **Learning Objectives:**

- Articulate your basic legal, ethical and clinical duties with regard to insurance utilization review (UR).
- Identify the most common obstacles to insurance authorization.
- Provide examples of ways to obtain authorization through proper documentation, communication, and where necessary, litigation.

## **B. Working with Clinical Perfectionism**

*Tracey Wade, PhD, MPsych, BSc, FAED, Flinders University of South Australia, Adelaide, Australia*

Clinical perfectionism is identified in the transdiagnostic cognitive behavioural model of eating disorders as a maintaining factor of disordered eating. Perfectionism is also identified as a maintaining factor for anorexia nervosa in the cognitive-interpersonal model. This workshop will examine cognitive behavioural treatment of clinical perfectionism in patients with eating disorders. First the model of clinical perfectionism and its relationship to eating will be examined in a case conceptualisation using a video case study. Different evidence based treatment formats will be examined. Ways of maximising engagement of the client in treatment will also be examined. Ways of assessing current difficulties will be discussed. Finally, a treatment overview will be provided, with a special focus on different forms of self-monitoring, the use of behavioural experiments, and moving from a stance of self-criticism to self-compassion.

### **Learning Objectives:**

- To understand how clinical perfectionism can maintain disordered eating.
- To be aware of impediments to engagement in the treatment of perfectionism and ways to overcome these.
- To be aware of the different cognitive behavioural techniques that can be used to treat perfectionism and how these can be used as part of a flexible treatment approach.

## **C. Enhancing Intensive Treatment Efficacy for High Level Athletes with Eating Disorders**

*Roberta Sherman, PhD, FAED, McCallum Place, St. Louis, MO, USA; Ron Thompson, PhD, FAED, McCallum Place, St. Louis, MO, USA*

Eating disorders are a significant problem for many athletes. Research suggests that the prevalence of such problems may increase with the level of competition. Increased risk is in part due to the fact that differences in performance at high level competitions may be as small as a fraction of a second in timed sports or a fraction of a point in judged sports. Athletes in such sports are looking for an "edge." With the belief in sport that leaner athletes perform better, many high level athletes are willing to do whatever is necessary to attain that "edge," including restrictive dieting, excessive training, and the use of pathogenic weight control methods. With increased pressure to perform well, the high level athlete's perceived need for the disorder can result in a problem requiring intensive treatment. This presentation will focus on recommended components of an intensive treatment program specifically designed for college and elite athletes. Topics to be discussed will include treatment philosophy, expertise and experience of treatment staff, athlete resistance to treatment, special nutritional issues, injury rehabilitation, medication issues, training decisions, special body image issues, mental training, sexual abuse, relapse prevention, and aftercare following a return to competition.

### **Learning Objectives:**

- Following this training, participants will be able to explain the recommended treatment philosophy of professional staff in an intensive treatment program for high level athletes with eating disorders.
- Following this training, participants will be able to explain the rationales for including physical sport training as part of an intensive eating disorder treatment program for athletes.
- Following this training, participants will be able to explain the rationales for including mental sport training as part of an intensive eating disorder treatment program for athletes.

## **D. Professionals in Recovery: What the Research Tells Us We Know, What We Know We Don't Know, What Is Happening Now and Where We Need to Go from Here**

*Mark Warren, MD, MPH, FAED, Cleveland Center for Eating Disorders, Cleveland, OH, USA; Suzanne Dooley-Hash, MD, Center for Eating Disorders, Ann Arbor, MI, USA; Jillian Lampert, PhD, RD, MPH, FAED, Emily Program, Minneapolis, MN, USA; Beth McGilley, PhD, FAED, P.A.T.H. Clinic, Wichita, KS, USA; Karine Berthou, PhD, The Succeed Foundation, London, United Kingdom*

The purpose of this workshop is to summarize an analysis of the literature on Professionals in Recovery and to make recommendations on further research to be done in order to better understand the implications and impact on patients and treatment. Over the past 20 years there have been numerous studies documenting the historical incidence of eating disorders in the professional ED community. This research extends over multiple professional groups, trainees and in multiple treatment settings. In addition, there is an emerging body of literature from both patients regarding the recovery status of the professionals they have worked with and from professionals who are themselves in recovery. It is clear from the literature that the rates of past ED's is increased in ED professionals when compared to the general population and that these rates have been stable or increasing in the past 2 decades. What is not clear is what the impact of this phenomenon is on the treatment community, the professionals in recovery and the patients they treat. In this workshop we will do an analysis of the existing literature, focusing on several key questions- first, what is the prevalence of past or present ED amongst ED treatment professionals. Second, what is the impact of professionals in recovery from both the professional and patient perspective? Third, how has the ED community responded to this data to provide support for patients and professionals to ensure the highest quality of care? Finally, what can we learn from other fields, that also have a significant number of recovering professionals in practice? Based on this review we will identify gaps in the existing literature and make recommendations for further research needed to both better understand and manage the inherent risks and benefits for patients, professionals and the community as a whole given the reality of how our field is structured, and how we understand recovery.

### **Learning Objectives:**

- Increase understanding of the literature regarding Professionals in Recovery, including prevalence across disciplines and growing impact in the field.
- Assess how the Eating Disorder Community has responded to the issue of Recovered Professionals in research and clinical settings.
- Describe steps to be taken by professional, clinical and research organizations to better understand how to best support patients and clinicians in recovery to achieve the best therapeutic results.

## **E. Maximizing “How Fast Can We Go?” Efficacy, Safety and Tolerability of Refeeding in Anorexia Nervosa**

*Graham Redgrave, MD, Johns Hopkins University School of Medicine, Baltimore, MD, USA; Sloane Madden, MBBS, FAED Children's Hospital at Westmead, Sydney, Australia; Angela Guarda, MD, Johns Hopkins University School of Medicine, Baltimore, MD, USA; Michael Kohn, MBBS, Children's Hospital at Westmead, Sydney, Australia*

This workshop will report on the safety and efficacy of weight restoration across two hospital-based programs, one in the U.S. and one in Australia, using two different refeeding protocols. Both programs average rates of weight gain superior to those in recommended APA and NICE guidelines, approaching 4 lbs (2 kg/wk) without development of severe hypophosphatemia or refeeding syndrome. Current treatment guidelines are based on expert consensus and the optimal rate and method of refeeding in AN is unknown. There is growing evidence that the ‘start low and go slow’ approach to refeeding delays weight gain, protracts hospitalization and fails to address potentially life-threatening complications in medically unstable patients with anorexia nervosa (AN). Recent evidence indicates refeeding can be accomplished safely and more rapidly than suggested by current clinical guidelines, without increasing the risk of refeeding morbidity. Dr. Madden will begin by providing an overview of the refeeding syndrome, a potentially lethal complication of weight restoration. He will describe the protocol at The Sydney Children's Hospital Network, Westmead. Dr. Kohn will present prospectively collected data from a cohort of 78 medically unstable adolescents with AN who gained an average of 5.12 kg (11.26 lbs) over 2.5 weeks without refeeding complications. Dr. Guarda will describe the rationale for and data on patient satisfaction with the Johns Hopkins Eating Disorders Protocol, and Dr. Redgrave will present data for 363 adults and 89 minors who gained at an average rate of 1.92 kg (4.2 lb) per wk. He will present

rates of electrolyte imbalances, hypophosphatemia and transaminitis on this cohort of consecutive admissions to an adolescent/adult combined inpatient-partial hospital program. The presentations will be followed by an interactive discussion regarding practicalities and potential barriers to the safe implementation of similar strategies by other facilities.

### **Learning Objectives:**

- Describe the refeeding syndrome and steps to mitigate and monitor it in the underweight inpatient.
- Describe advantages to improved refeeding rates for AN.
- Describe common and distinct features of the two programs presented as well as strategies for, and barriers to implementing these protocols in other treatment settings.

## **F. Sleep Eaters: Examining the Complex Relationship Between Sleep Disorders, Night Eating Syndrome and Other Eating Disorders**

*Piergiuseppe Vinai, MD, Gnosis Research Group, Studi Cognitivi Research Group, Magliano Alpi, Italy; Michael Howell, MD, Department of Neurology Fairview Sleep Centers -, Minneapolis, MN, USA; Yael Latzer, PhD, Faculty of Social Welfare and Health Sciences, School of Social Work, Haifa, Israel; Marci Gluck, PhD, Obesity & Diabetes Clinical Research Section, Phoenix, AZ, USA*

This workshop, sponsored by the sleep & eating SIG, aims to fulfill on the ICED theme of “Crossing Disciplinary Boundaries in Eating Disorders.” Our goal is to allow sleep experts and eating disorder specialists to meet and discuss the complex relationship between Night Eating Syndrome (NES), Sleep Disorders and other Eating Disorders. Although it has been over five years since the first International conference on NES (Minneapolis 2008) where the new diagnostic criteria for the NES have been proposed, there is still a great difficulty in clearly defining the borders between NES and Sleep Related Eating Disorder (SRED). Dr. Gluck will begin with an overview of the current diagnostic criteria for NES. Next, Dr. Vinai will describe the current diagnostic criteria of the International Classification of Sleep disorders (ICSD 2) for SRED. Dr. Howell, a sleep expert, will present the proposed diagnostic criteria for SRED for the next edition of the ICSD (3), in attempt to better define the core criteria of the syndrome. He will discuss the strict relationship between nocturnal eating and sleep pathologies such as restless legs syndrome (RLS). Research data suggests that nocturnal eating is often a non-motor manifestation of RLS. Moreover recent evidence suggests that SRED is often caused when RLS is undiagnosed and treated as insomnia with a benzodiazepine receptor agonist. These agents suppress memory and executive function and thus can unleash predisposed behaviors such as inappropriate amnesic eating. Only a few researches have examined the presence of night eating behavior among patients affected by Eating Disorders (EDs). Dr. Latzer will review the existing literature on NES among patients with BED, BN and AN and will describe the relationship between NES and other EDs. The research findings will be discussed in light of discrepancies and similarities and in terms of whether nocturnal eating among patients with ED is a symptom of the pathology or a distinct entity

### **Learning Objectives:**

- To learn the proposed diagnostic criteria for Sleep Related Eating Disorder for the ICSD 3.
- To be able to better define the distinction between Night Eating Syndrome and Sleep Related Eating Disorder.
- To be able to better define the borders between Night Eating Syndrome and other eating disorders.

## **G. Enhanced Cognitive Behavior Therapy for Adolescents with Anorexia Nervosa: An Alternative to Family Therapy?**

*Riccardo Dalle Grave, MD, Villa Garda Hospital, Garda, Verona, Italy; Susan Byrne, DPhil, PhD, BS, BA, University of Western Australia, School of Psychology, Crawley, Australia; Julie Lesser, MD, Children's Hospitals and Clinics of Minnesota, Minneapolis, MN, USA*

A specific form of family therapy (family-based treatment) is the leading treatment for adolescents with anorexia nervosa. As this treatment has certain well known limitations, alternative approaches are needed. “Enhanced” cognitive behaviour therapy (CBT-E) is a potential candidate given its utility as a treatment for adults with eating disorder psychopathology. In this workshop three experts on CBT-E (from Europe, Australia and North America) will describe how they have adapted the treatment to suit adolescents. They will describe their experience using CBT-E in clinical practice (with patients down to age 12 years). Data from two large case series will also be presented. The strengths and weaknesses of this approach will be considered, and these will be compared with those associated with family-based treatment. The workshop will be illustrated with numerous clinical vignettes.

### **Learning Objectives:**

- Participants will gain knowledge on how CBT-E has to be adapted to suit adolescent patients.
- Participant will gain knowledge on how to engage actively adolescent patients in CBT-E.
- Participants will gain knowledge on the relative strengths and weaknesses of CBT-E and family-based treatment.

## **H. Eating Disorders and Obesity as Social Justice Issues: A Conversation and Clarification on a Missing Lens**

*Rachel Calogero, PhD, Virginia Wesleyan College, Virginia Beach, VA, USA; Tracy Tylka, PhD, Ohio State University, Marion, OH, USA; Darryl Roberts, BA, Sensory Overload Entertainment, President, LA, CA, USA; Michael Levine, PhD, FAED, Kenyon College, Gambier, OH, USA; Sigrun Danielsdottir, MSc, Icelandic Directorate of Health, Iceland*

The main aim of this workshop is to bring into focus a social justice lens on eating disorders and obesity. This session will include a moderated panel discussion about why and how social justice matters in our efforts to help people across the spectrum of eating pathology and weight status. The panel will address topics such as: the social and cultural inequities that sustain eating behaviors, the implications of a focus on health vs. weight, weightism and access to health care and disease prevention, the misuse of scientific data, food advertising and media culpability, the status of prevention and advocacy in fields such as dieting, nursing, and physician training, social justice as the bridge across treatment models, and identifying social justice research outcomes. Instead of specific presentations, each speaker will make a brief statement about their areas of expertise and overall view on social justice within the context of eating and weight issues. Then we will open the session up for discussion facilitated by discussion points and audience questions.

### ***Learning Objectives:***

- Describe key social justice issues facing professionals, clients, and citizens across the spectrum of eating pathology and weight status.
- Explain the importance of addressing the global context in which eating pathology occurs and explore the cultural, social, economic, and political factors that influence our relationship with our bodies.
- Identify the unique challenges and opportunities of incorporating a social justice lens into research and practice.